## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

SEV //AR:3194,0018

| CLAIMS AS FILED - PART I                                                                                                                                                                                                                                                                                            |                                                |                                           |              |                                   |                     |                  |    | SMALL ENTITY        |                        |     | OTHER THAN          |                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|--------------|-----------------------------------|---------------------|------------------|----|---------------------|------------------------|-----|---------------------|------------------------|--|
|                                                                                                                                                                                                                                                                                                                     |                                                |                                           | (Column 1)   |                                   | (Colu               | (Column 2)       |    | TYPE                |                        | OR  |                     |                        |  |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                        |                                                |                                           | 21           |                                   |                     |                  |    | RATE                | FEE                    | ]   | RATE                | FEE                    |  |
| FOR                                                                                                                                                                                                                                                                                                                 |                                                |                                           | NUMBER FILED |                                   | NUMBER EXTRA        |                  |    | BASIC FEE           | 385.00                 | OR  | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                             |                                                |                                           | 39 minus 20= |                                   | * /                 | 19               |    | X\$ 9=              |                        | OR  | X\$18=              |                        |  |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                  |                                                |                                           | 2 mi         | inus 3 =                          | <u> </u> * a        | Q                |    | X43=                |                        | OR  | X86=                |                        |  |
| ML                                                                                                                                                                                                                                                                                                                  | JLTIPLE DEPEN                                  | NDENT CLAIM P                             | RESENT       |                                   |                     | <b>U</b>         |    | +145=               |                        | OR  | +290=               |                        |  |
| * If the difference in column 1 is less than zero, enter "o                                                                                                                                                                                                                                                         |                                                |                                           |              |                                   | "0" in c            | olumn 2          | i  | TOTAL               |                        | OR  | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                         |                                                |                                           |              |                                   |                     |                  |    | OTHER THAN          |                        |     |                     |                        |  |
|                                                                                                                                                                                                                                                                                                                     | <del>-</del>                                   | (Column 1)                                | <del></del>  | (Colun                            |                     | (Column 3)       | ٠, | SMALL               | ENTITY                 | OR  | SMALL               |                        |  |
| AMENDMENT A                                                                                                                                                                                                                                                                                                         |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUME<br>PREVIC<br>PAID I  | BER<br>DUSLY        | PRESENT<br>EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                     | Total                                          | *                                         | Minus        | **                                |                     | =                |    | X\$ 9=              |                        | OR  | X\$18=              |                        |  |
| AME                                                                                                                                                                                                                                                                                                                 | Independent                                    | *                                         | Minus        | ***                               | - C1 AINA           | =                |    | X43=                |                        | OR  | X86=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPEN                                                                                                                                                                                                                                                                                |                                                |                                           |              |                                   | CLATIVI             |                  |    | +145=               |                        | OR  | +290=               |                        |  |
|                                                                                                                                                                                                                                                                                                                     |                                                |                                           |              |                                   |                     |                  |    | TOTAL               |                        |     | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                    |                                                |                                           |              |                                   |                     |                  |    | ADDIT. FEE          | <u> </u>               | 1 ' | ADDII. FELT         |                        |  |
| ENT B                                                                                                                                                                                                                                                                                                               |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHI<br>NUME<br>PREVIO<br>PAID I | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE | ,   | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| <b>AMENDMENT</b>                                                                                                                                                                                                                                                                                                    | Total                                          | *                                         | Minus        | **                                |                     | =                |    | X\$ 9=              | ,                      | OR  | X\$18=              | •                      |  |
| AME                                                                                                                                                                                                                                                                                                                 | Independent                                    | <u> </u> *                                | Minus        | ***                               |                     | =                |    | X43=                |                        | OR  | X86=                |                        |  |
|                                                                                                                                                                                                                                                                                                                     | FIRST PRESE                                    | NTATION OF ML                             | JETIPLE DEP  |                                   |                     |                  | 1  | +145=               |                        | OR  | +290=               |                        |  |
|                                                                                                                                                                                                                                                                                                                     | · .                                            |                                           |              |                                   |                     |                  |    | TOTAL<br>ADDIT. FEE |                        |     | TOTAL<br>ADDIT. FEE | •                      |  |
|                                                                                                                                                                                                                                                                                                                     |                                                |                                           | 10011.1 22 - |                                   | , .                 | ADDII. 1 222     |    |                     |                        |     |                     |                        |  |
| AMENDMENT C                                                                                                                                                                                                                                                                                                         |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>OUSLY        | PRESENT<br>EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                     | Total                                          | *                                         | Minus        | **                                |                     | = .              |    | X\$ 9=              |                        | OR  | X\$18=              |                        |  |
|                                                                                                                                                                                                                                                                                                                     | Independent                                    | *                                         | Minus        | ***                               | - C! A!A4           | = .              |    | X43=                |                        | o'R | X86=                |                        |  |
|                                                                                                                                                                                                                                                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |              |                                   |                     |                  |    | +145=               |                        | OR  | +290=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE                                                                                                                         |                                                |                                           |              |                                   |                     |                  |    |                     |                        |     | TOTAL               |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                           |              |                                   |                     |                  |    |                     |                        |     |                     |                        |  |